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PLAIN POINTS

ON THE

FEDERAL AND STATE NARCOTIC LAWS

SECOND REVISED EDITION

With Texts of the Pennsylvania Antinarcotic Act, and the
Habit Act, Both as Revised, Session of 1921.

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(DEPARTMENT OF HEALTH)

Bureau of Drug Control

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Commonwealth of Pennsylvania
DEPARTMENT OF HEALTH
Bureau of Drug Control

PLAIN POINTS ON THE FEDERAL AND STATE NARCOTIC
LAWS.

The data herein is derived from the Harrison Narcotic Law, the U. S. Internal Revenue Regulations and Treasury Decisions, court decisions, etc., the Pennsylvania Antinarcotic Act, and orders, rulings and instructions issued by the Commissioner of Health of Pennsylvania.

Matter directly quoted from Federal literature appears below indented; that directly quoted from State literature is set in *italics*.

Registration.

The Harrison Narcotic Law, as amended by the Revenue Act of 1918, approved February 24, 1919, requires that persons enumerated in the activities regulated under the law shall pay an annual tax, as follows:

"Importers, manufacturers, producers, or compounders, \$24 per annum; wholesale dealers, \$12 per annum; retail dealers, \$6 per annum; physicians, dentists, veterinary surgeons, and other practitioners lawfully entitled to distribute, dispense, give away, or administer any of the aforesaid drugs to patients upon whom they in the course of their professional practice are in attendance, shall pay \$3 per annum."

Manufacturers of and dealers in exempt preparations are required to register and, if not paying a special tax in a higher class, shall pay a special tax of one dollar for each year or fractional part thereof.

Reregistration under the Federal law must be made not later than July 1 of each year.

For details of registration under the Federal law, consult the collector of internal revenue of your district, who will supply on application copies of the law and regulations. Pay all taxes to him, and render to him your annual inventory. Do *not* write to the Pennsylvania Bureau of Drug Control on Federal matters, or pay any money to that bureau or any of its agents. No narcotic tax for registration or for blanks is assessed by the Commonwealth of Pennsylvania; the blanks are also sent post free, but return postage on reports must be paid by the sender.

All physicians, dentists, druggists and veterinarians in practice or business in Pennsylvania and registered as dealers in narcotics, as a Federal narcotic taxpayer is registered under the Harrison law, are required also to register with the Bureau of Drug Control, Pennsylvania Department of Health, Harrisburg, Pa., cards for this purpose having been mailed to all such professional persons listed in the directories.

IF YOU NEGLECTED to fill out your card, or have not received copies of the Pennsylvania law and regulations, send in to the Bureau of Drug Control a request for registration or literature, or both, plainly writing your name, address, profession practiced, and your U. S. REGISTRY NUMBER. If this paragraph is marked with blue pencil it means that YOU ARE NOT REGISTERED and should promptly do so, as it is required by order of the Commissioner of Health.

Special Blanks.

The collector of internal revenue in your Federal district supplies to registered persons the legally required "Order Form for Opium, Etc.," with "Duplicates," and a carbon sheet with each book of ten forms, charging one cent for each form with duplicate.

Positively all orders for opium, etc., must be executed in duplicate on these forms in the manner set forth in the Federal laws and regulations. No order for narcotic supplies written on a prescription blank by a physician, dentist or veterinarian may be honored by any person who deals in narcotics. Prescription blanks are to be used only in the course of professional practice when prescribing for persons other than the professional person himself, that is, for patients actually under the personal care of the professional person writing the prescription, or, in the case of an animal, the owner thereof.

Physicians, dentists and veterinarians registered with the Pennsylvania Bureau of Drug Control are supplied free of cost Form 930, a carbon sheet with each book of ten forms, and return envelopes. Every time an order for narcotic drugs to be used in dispensing to patients or in routine practice is made out on the Federal blank, a duplicate thereof must be made on the green State blank (Form 930). These green duplicates of orders for narcotics on Form 930 are to be sent to the Pennsylvania Bureau of Drug Control once a month, except that no reports are required when no orders for drugs are given. Do not give the duplicates on Form 930 to the druggist or the agent for the drug house taking your order. It is *not* necessary to keep in your office copies of matter entered on Form 930, as the Federal "Duplicate" contains the same data and must be preserved in the office of the practitioner for two years.

Form 930 is a serially numbered blank and is valid only in the hands of the person to whom it is sent. Records are kept by the Bureau of Drug Control of every one of these green blanks and to whom sent. Do not lose your blanks or use them for any purpose other than making reports to the Pennsylvania Bureau of Drug Control; and do not attempt to purchase drugs with them, as the Federal forms alone are legal for this purpose. Read the directions on Form 930 before attempting to use it. Reports of purchases of narcotics are mandatory, and this form should be used for the reports and for no

other purpose. Druggists are not required to have these blanks unless also licensed as practitioners of medicine, when they must be used as any other physician uses them.

Druggists filling prescriptions for narcotics are supplied with a pink blank in pads of twenty-five (Form 931). Once a month report must be made of all prescriptions carrying in excess of two grains of opium, one-fourth of a grain of morphine, one-eighth of a grain of heroin, or one grain of codeine (or salts or derivatives of them) in each solid or fluid ounce. The reports must be sent to the Pennsylvania Bureau of Drug Control, where they are kept secret except in prosecutions under the law.

Please write or type plainly the names of the persons for whom written (if non-residents where they live), the names and professions of the writers of the prescriptions, and the names and quantities of the narcotic drugs called for in each prescription. It will be appreciated by the bureau if prescriptions filled for non-resident professional people and entered in the report have each an annotation giving the address of the writer thereof.

The exempt prescriptions apply equally, so far as Form 931 is concerned, to extempore prescriptions and those for made-up preparations; but in case of exempt preparations, such as paregoric, when apparently prescribed for purposes of catering to drug addiction, report must be made, as section 8 of the Pennsylvania Antinarcotic Act does not permit *any quantity whatsoever* of narcotics to be supplied for the purpose of maintaining addiction to drugs. No exemptions whatever are made as regards cocaine, either for internal or external use, and *all* cocaine prescriptions should be reported on Form 931.

Prescriptions for opium and its derivatives and preparations if so compounded as to be capable of use only externally (applied to the skin) need not be reported on the Pennsylvania blank, *viz.*, lead water and laudanum, ointments and liniments for external use only.

Counter sales of the class of proprietary preparations known as infant drops, baby drops, infant anodynes and soothing syrups, and paregoric or any other preparation containing the drugs mentioned in the Pennsylvania Antinarcotic Act, in any quantity whatsoever, when sold to or for the use of infants and children twelve years of age or under, is unlawful on and after January 1, 1922. Such dispensing is permissible only on the prescription of a physician or dentist.

Records Kept in the Office.

Every physician, dentist or veterinarian must, under the Harrison law, keep office records of all narcotics dispensed or supplied in the office, or left at the bedside, or sent to the patient, except when personally administered by the professional person himself. This exception covers the use of solutions applied in special practice as taken from stock solutions made up and entered as stock solutions, or to the emergency administration of a hypodermic injection in legitimate medical practice, but not in catering to the drug habit. These office records are mandatory under the Harrison law, and a professional man may be subject to penalty if he fails to keep them. No special form of blank book is supplied or required.

The Pennsylvania Antinarcotic Act also requires that such records be kept; but the Bureau of Drug Control accepts as in fulfillment of

the Pennsylvania law the records kept under the Harrison law, no duplication thereof being required. Inspectors for both the Federal and State bureaus have access to these records, under the provisions of the laws.

Except in the case of drug addicts, later considered in this circular, physicians do not report to the Bureau of Drug Control the routine administration of narcotics used in practice, the office record sufficing. The laws do not require copies to be kept of prescriptions sent to drug stores, except for liquors and alcohol.

A SURVEY OF THE PENNSYLVANIA LAW FOR PHYSICIANS AND DENTISTS.

In view of the proviso in section 2 of the Pennsylvania Antinarcotic Act, which says: "*That no preparations, remedies, or compounds containing any opium, or coca leaves, or any compound or derivative thereof, in any quantity whatsoever, may be sold, dispensed, or given away to, or for the use of, any known habitual user of drugs, or any child of twelve years of age or under, except in pursuance of a prescription of a duly licensed physician or dentist;*" therefore, Pennsylvania, reposing great confidence in her professional personnel, also lays a great obligation upon them. Please note the language of act, "*any known habitual user of drugs;*" includes persons who are using narcotics habitually as a habit, or habitually for the relief of incurable or painful disease. Infants, adults and the aged are all included, and professional persons themselves, who may be using narcotics habitually.

In further view of the exceptions in section 4, by which are exempt from arrest for possession of narcotic drugs, "*persons having said drugs in their possession for their own personal use only, provided that they have obtained the same in good faith, for their own use, from a duly licensed physician or dentist, or in pursuance of a prescription given them by a duly licensed physician or dentist;*" it is incumbent upon all physicians and dentists to live up to professional ethics in the matter, as well as to obey the law, and thus to exercise good faith themselves in their every supplying of narcotics, and to take due care that no one secures narcotics from them except as an actual patient applying for and accepting personal professional care in good faith on his or her part and in accordance with the best judgment in diagnosis and treatment based upon the wisdom of the physician or dentist and as founded upon the teachings of standard text-books on medicine, dentistry and surgery of recent, or comparatively recent, issue or edition.

Attention is also called to section 5, which says: "*No person shall use, take, or administer to his person, or cause to be administered to his person, or administer to any other person, or cause to be administered to any other person, any of the aforesaid drugs, except under the advice and direction, and with the consent, of a regularly practicing and duly licensed physician or dentist.*" This places a reciprocal obligation upon the physician and dentist not loosely or carelessly to supply narcotics to any person, as the obvious intent of this section of the law is to limit narcotics, as defined in the act, to legitimate medicinal use. The supplying of narcotics beyond the immediate or

other reasonable medicinal needs of the patient may open the way to abuses and cause persons other than the patient actually under care to violate the law.

Section 8 denies to physicians and dentists the right to supply in any way to any person known to be habitually a user of said drugs any of these drugs, "*merely for the purpose of satisfying a craving for the drug.*" This section does not preclude the supplying of narcotics for the treatment of diseases other than the drug habit; but in the treatment of disease other than the drug habit it is to be expected, as a matter of course, that doses not in excess of the proper range be given. Provision is made *only for physicians* to take under care addicted persons for the treatment of the drug habit, and then only after a physical examination and a written report on the case in accordance with the provisions of the act. In the treatment of the drug habit, as in the treatment of any other disease, due diligence and care must be used, and the treatment must be directed toward cure, by gradual reduction under medical observation and control, the substitution of other drugs during reduction, or by any other method approved by the profession, and not be a mere subterfuge to serve "*the purpose of satisfying a craving for the drug.*"

Section 9 broadly covers all dispensing and prescribing of narcotics, even for the use of animals, and requires a personal physical examination of the patient, "*said examination to be made at the time said prescription is issued, or at the time said drug is administered, dispensed, given away, or delivered by said physician, dentist, or veterinarian.* No veterinarian shall sell, dispense, distribute, give, or prescribe any drug for the use of a human being." The word "drug" here means a narcotic drug, as defined in the act. No provision is made for a dentist undertaking the treatment of drug addiction. The provisions of this section are mandatory and preclude any subterfuges being resorted to that are designed to cater to drug addiction, or merely carrying a patient along without being actually in personal professional attendance upon him.

Recently the United States Internal Revenue Bureau issued a pamphlet, entitled "Enforcement of the Harrison Narcotic Law," and carrying certain court and treasury decisions, and also making very reasonable comment designed to put these decisions into effect. Attention is called to these decisions as largely paralleling the Pennsylvania Antinarcotic Act, but nevertheless the Pennsylvania act is more stringent than is the revised Harrison law in its regulatory requirements imposed upon physicians, dentists, veterinarians, and drug addicts; it is the statutory law of the Commonwealth, not regulations issued by a department in the State government, and, as law, is to be obeyed in Pennsylvania, even as is the Harrison law.

Since the enforcement of this law is largely entrusted to the Department of Health of the Commonwealth of Pennsylvania, to the Commissioner of Health specifically, and to his appointed agents in the Bureau of Drug Control of the Department of Health, and the reports exacted by the Commissioner are specifically provided for in the act, all persons are expected to give loyal compliance thereto and to obey the law as good citizens,

Realizing the difficulties confronting physicians, dentists, pharmacists, diseased and injured persons, and the unfortunate drug addicts, the practical administration of this law has been entrusted largely to experienced physicians and pharmacists as agents of the Commissioner of Health; and every effort is made to secure a reasonable and humane administration with a minimum of interference with the proper prerogatives of any capable professional person; that is, so far as the plain language of the law permits. But the interests of the people and the promotion of the public health, rather than the traditions of the professions, are paramount.

Therefore, it is requested of physicians and other professional persons that they use their best efforts to aid in the enforcement of this salutary enactment, and especially of all physicians that they prescribe and dispense narcotics *only for the immediate and other reasonable needs of patients properly under their care*, and when called upon to treat any person known to be "an habitual user of any of said drugs," whether as an addicted person, or as a case of incurable disease not seen at frequent intervals, or in the current treatment of painful disease, that the quantity of narcotic drugs dispensed or prescribed at any one time be limited to the lowest reasonable and practicable amount indicated in the case, and that will duly suffice for not longer than the next probable time of visit or consultation. The aim is to avoid the stocking up of the patient in advance of necessary use, and thus avoid abuse of narcotics available and serving as a temptation to others—all in support of the plain intent of the Pennsylvania Antinarcotic Act and the decisions of the United States Treasury and of the Federal and State courts.

For the protection of physicians and patients, the Pennsylvania Bureau of Drug Control keeps a special record of diseased and aged persons who require large doses of narcotics. This record is secret and it does not at all imply that a patient is an ordinary addict because he may be entered on this special record. We will be glad to record such patients so that their use of necessary narcotics is not called in question.

The main purpose of the Pennsylvania Bureau of Drug Control is PREVENTION. Please help us in this work by studiously avoiding the *making of drug addicts*, for that is, morally considered, worse than catering to the known addict.

This "Survey of the Law" relates wholly to Pennsylvania legislation and is a legal notice under that legislation. The next section is devoted to court decisions, etc., under the Federal law, and they are incumbent upon physicians, dentist, etc., in every State.

TREASURY AND COURT DECISIONS

Treasury Decision 2200, of May 11, 1915, after citing several items in the Federal law, allowed the prescribing of narcotics in quantity more than is apparently necessary to meet the immediate needs of a patient if the purpose for which the unusual quantity of the drug so prescribed was indicated on the prescription and provided the writer of the prescription was proceeding in good faith. This privilege was very much abused, and since its issuance the Harrison law was

amended. Therefore, July 2, 1919, T. D. 2200 was revoked, the revocation being applicable in all cases, whether a decreasing dosage is indicated or not.

"The act of December 17, 1914, as amended by the act of February 24, 1919, permits the furnishing of narcotics drugs by means of prescriptions issued by a practitioner for legitimate medical uses, but the Supreme Court has held that an order for morphine issued to an habitual user thereof, not in the course of professional treatment in an attempted cure of the habit, but for the purpose of providing the user with morphine sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act." U. S. vs. Doremus, No. 367 October Term, 1918, T. D. 2809.

The Doremus case referred to was one in which Doremus, a physician, was charged with selling a quantity of heroin without a written order on a blank form issued for that purpose; in other words, supplying heroin to a drug addict to satisfy the craving for the drug, and not in the legitimate practice of medicine.

In the case of Thompson vs. United States, reported in T. D. 2887, the court held, in part, as follows: That a physician who furnished narcotics to an addict in decreasing quantities and claimed to be attempting a cure of his addiction, was acting contrary to the act when it was shown that the physician had not personally attended the addict, or had given the addict some personal attention but not sufficient attention to show, in connection with other facts and circumstances, that he had acted in good faith.

This decision of the Court of Appeals for the Eighth Circuit almost exactly parallels the provisions of section 8 of the Pennsylvania Antinarcotic Act.

In the case of Oliver vs. United States, the sale of a so-called exempt preparation, *viz.*, paregoric, to addicts, Judge Woods charged the jury to the effect that, whether the preparation in question was legitimately sold as a medicine or was dispensed with the intent of evading the purpose for which the act was passed, was a question of fact to be decided by the jury; and that it made no difference if the government officer who bought the paregoric did not intend to take it himself, provided the defendant sold it to him for the purpose of administering to an addict. If the paregoric was sold for that purpose then the offense was complete and the defendant would be guilty.

This charge of Judge Woods is exactly parallel with the second paragraph of section 2 of the Pennsylvania Antinarcotic Act.

Attention is called to the fact that these and other court and treasury decisions may be cited in any court before whom a case of violation of the Harrison law is tried; and it is also to be noted that the points of view enunciated in the several decisions are all directly covered in the Pennsylvania Antinarcotic Act, the Pennsylvania Cocaine Act, and the Paregoric Regulation of the Pennsylvania Department of Health.

The following is quoted from the Report of the Committee on Drugs and Crime of the American Institute of Criminal Law and Criminology:

"In United States vs. Harris, one of the numerous cases recently brought in the Southern District of New York against physicians, the defendant maintained that it was necessary for morphine addicts to have a certain amount of the drug in order to keep at work, and the judge expressly charged that this was no justification for the doctor's action. In other words, we now have a court expressly stating that in order to come within the exception a doctor must prove that he was prescribing in order to effect a cure. If he was only prescribing to make the patient comfortable or to give him enough drug to enable him to keep at work, he was not acting 'in the course of his professional practice only.'"

DRUG ADDICTS.

In the Pennsylvania Bureau of Drug Control addicts are classified as follows: pure addiction, addiction with disease, addiction with incurable disease, and addiction in the aged. The Federal government has a similar classification, as set out in the pamphlet entitled "Enforcement of the Harrison Narcotic Law." Copies may be obtained from the Bureau of Internal Revenue, Washington, D. C.

Pure Addiction. Please turn back and read the "Survey of the Pennsylvania Law" in a previous section, as well as the section on "Treasury and Court Decisions." Section 8 of the Pennsylvania Anti-narcotic Act must be rigidly observed. No addict may be taken under care except after a physical examination and a report in writing on the case to the Pennsylvania Bureau of Drug Control. Reports may be made on the physician's own paper, no blank being supplied for that purpose. Boards of health having cases to report will be supplied Form 937 on request, but may make reports in any way, since the data is entered on Form 937 in the bureau office. Please do not undertake the treatment of an addict until after a report to the Bureau of Drug Control, as the addict may already be entered as under the care of another physician. About half of the addicts endeavor to secure supplies from more than one physician. Never trust the unsupported statement of a drug addict, so far as they relate to his addiction.

The following is from the Federal literature ("Enforcement of the Harrison Narcotic Law." Treasury Department, Washington, 1919) and is acceptable direction for both the Federal and State laws.

"Mere addiction alone is not recognized as an incurable disease. It is well established that the ordinary case of addiction yields to proper treatment and that addicts can be taken off the drug, and when otherwise physically restored and strengthened in will-power will remain permanently cured. The average addict does not believe this, and it is symptomatic with him to have a fear and distrust of any treatment or cure.

Wherever the occasion presents itself, the hope of successful treatment should be instilled in the minds of the unfortunates addicted to this terrible habit. * * * *

"Care should be exercised by investigating and field officers of this bureau not to interfere with or harass the reputable physician who, in the course of his professional practice and for legitimate medical purposes only, is in good faith treating a bona fide patient for the cure of addiction, nor the official representative of the local authorities who is administering narcotics to addicts in a proper manner to meet their immediate needs to prevent collapse. At the same time it must be understood that the so-called reductive ambulatory treatment does not meet with the approbation of the bureau for the obvious reason that where narcotics are furnished to an addict who controls the dosage himself he will not be benefited or cured, and in many cases he may, by deceiving or importuning a number of doctors, secure a supply for peddling purposes."

In view of the above official government decision, the Pennsylvania Bureau of Drug Control will not give authorization to any physician to treat a pure addict by the reductive ambulatory treatment, and the physician undertaking this ambulatory method except in valid emergency does so on his own risk. There are, of course, cases where in the patients live in remote sections far from the office of the physician, and in these cases the fact will be given due weight in determining whether or not the physician is proceeding in good faith.

Physicians are urged to undertake the treatment of opium, morphine or heroin addicts who are not in position to enter an institution. If the plain mandates of the law are observed, no physician need fear involving himself in trouble; but he must give the same diligence to the treatment of addiction as he would give to a case of rheumatism or malaria. Simply supplying narcotics in reducing dosage is *not treating the case*. The law does not permit supplying the patient with a drachm or two of morphine, or with a hundred pills, allowing him to use it as he sees fit.

A morphine addict in collapse needs a prompt dose of the drug, and this is an emergency a physician may meet in accordance with his own best judgment, but purely as an emergency measure. Entry of the facts in such emergencies should be made in the office narcotic record.

The Pennsylvania law does not permit the taking of a cocaine addict under gradual reduction treatment, as the average cocaine addict can be taken off of the drug within forty-eight hours, if intelligently treated.

See "Special Notice to Physician," page 21.

Addiction With Disease. Many persons with curable disease become drug addicts, and it is a difficult task to cure such addiction until after the underlying disease is relieved or cured. The primary duty of the physician in these cases is to see to it that the patient obtains adequate treatment, either by undertaking the case himself, or sending the patient to a specialist or to a hospital. In a large proportion of these cases the addiction has become more of a factor than is the disease. It requires quite a little diagnostic discrimin-

ation in some of these cases to evaluate the disease, since the patient exaggerates the pathology and is interested, not so much in being cured of the disease, as in continuing the addiction.

It is not to be expected that a diseased person can be as readily cured of addiction as can one who has no disease aside from addiction, but it is surprising how many cases of actual disease in an addict clear up when the drug of addiction is gradually removed.

Cases will arise in which an addict with a curable disease refuses treatment for the disease. In such instances it is wise for the physician to report the facts to the Bureau of Drug Control and to refuse to undertake the treatment of the addiction, for without the co-operation of the patient little progress can be made. Ill-considered diagnoses meant to justify continued administration of narcotics will not be accepted. These patients must be taken in hand and a sincere effort made to cure them, for they can not be carried along indefinitely.

In writing reports on cases please give the patient's full name, address, age, clinical history, length of addiction, quantity of drug taken in a week, and express definitely the recommendations suggested to the bureau.

Addiction With Incurable Disease. Mere addiction is not recognized as an incurable disease, and we will not enter a case as one of "incurable addiction," as such, for most of the cases so reported and which were investigated by the bureau proved to be cases amenable to cure. The mere fact that one physician has failed to cure an addict does not mean that *no* physician can cure him.

The Federal authorities have issued directions for the handling of narcotics in incurable disease and the recommendations are accepted by the Pennsylvania Bureau of Drug Control. They follow:

"With reference to persons suffering from a *proved incurable disease, such as cancer, advanced tuberculosis, and other diseases well recognized as coming within this class, the reputable physician directly in charge of bona fide patients suffering from such diseases may, in the course of his professional practice, and strictly for legitimate medical purposes, prescribe narcotic drugs for the immediate needs of such patients, provided said patients are personally attended by the physician and that he regulates the dosage himself. The prescriptions in such cases should bear the indorsement of the attending physician to the effect that the drug is to be dispensed to his patient in the treatment of an incurable disease.*

"Such bona fide cases of incurable disease should not occasion difficulty in the proper administration of the law, and the fact that the patient suffering from such incurable disease is addicted to the use of narcotic drugs should not complicate the matter. In this class of cases, as well as in others hereinafter mentioned, caution should be exercised to avoid being imposed upon by unscrupulous persons, and too much credence should not be given to the unsupported statements of the addict himself, because the confirmed addict will go far beyond the truth in an attempt to secure an ample supply of narcotic drugs with which to satisfy his craving. * * * *

"The danger of supplying persons suffering from incurable diseases with a supply of narcotics must be borne in mind, because such patients may use the narcotics wrongfully, either by taking excessive quantities or by disposing of a portion of the drugs in their possession to other addicts or persons not lawfully entitled thereto.

"While the primary responsibility rests upon the physician in charge, a corresponding liability also rests upon the druggist who knowingly fills an improper prescription or order whereby an addict is supplied with narcotics merely for the purpose of satisfying his addiction."

Reports received in the Bureau of Drug Control from druggists do not, usually, state that certain patients noted are incurable cases of disease, and physicians are apt to receive form letters making inquiries about these patients. Therefore it is good practice for the physician to report the names, addresses, and diseases of cases of incurable disease to the bureau, where they are entered on a special record of diseased persons. The same procedure is recommended in the case of the aged person requiring a minimum amount of narcotics in order to sustain life; but such registration may not be construed as a form of exemption from the operation of Federal or State law or regulation.

Addiction in the Aged.

Federal literature, which is accepted by the Pennsylvania Bureau of Drug Control, gives the following instructions regarding aged and infirm addicts:

"Cases will come to your attention where aged and infirm addicts suffering from *senility, or the infirmities attendant upon old age*, and who are confirmed addicts of years' standing, will, in the opinion of a reputable physician in charge, require a *minimum amount of narcotics in order to sustain life*. In such cases prescriptions to meet the absolute needs of the patient may be written and filled without involving a criminal intent to violate the law. Even in these cases every reasonable precaution should be exercised to prevent the aged and infirm addict becoming the innocent means whereby unauthorized persons may engage in the illicit use and traffic in these habit-forming drugs. Prescriptions in this class of cases should bear the indorsement of a reputable physician to the effect that the patient is aged and infirm, giving age, and certifying that the drug is necessary to sustain life."

While the Pennsylvania Bureau of Drug Control accepts the above, the privilege must not be abused. Note the words in italics. The contention has been set up that as much as two ounces of morphine in a month is "necessary to sustain life" in certain reported cases, and it is frequently the case that the reporting physician wants to prescribe from 500 to 1,000 morphine pills at one time for the "purpose of sustaining life." Such extreme views can not be entertained at all. No standard text-book sets up any such contention. Cases of persons forty years of age are reported as aged—oftentimes per-

sons who are not infirm from disease of serious nature. Such cases will not be entered under the classification of aged and infirm in this bureau. The *minimum* amount sufficing must be used in all cases.

The Financial Argument.

It is frequently the case that immense amounts of narcotics are prescribed to "afford the patient the wholesale price." This argument will not be entertained, as such practice is just as illegal as to prescribe for him ten gallons of brandy.

Institutional Care.

County homes, some general hospitals and a few other public and semi-public institutions admit addicts. The better-grade private institutions seem to be well conducted, and persons able to pay the rates are advised to enter them. The bureau neither endorses nor condemns any reputable system of treatment employed therein.

It is generally recognized that the indigent sick of a community are public charges therein and that such immediate care and treatment as is required should be furnished by the local authorities. General hospitals are urged, as a public duty, to admit drug addicts for care unless their resources are too small to do so.

Where local resources are insufficient for the institutional care of the drug addict, proceedings may be instituted under the Pennsylvania Habit Act; and, if the addict or his friends are indigent, the cost of care and treatment is, on order of the court of quarter session, borne by the county from which the addict comes. This act is printed in the back pages of this booklet.

Public clinics for the care of drug addicts have not been organized by the Department of Health.

Public hospitals, sanatoriums, poorhouses, prisons, and other public institutions, beginning with the calendar year of 1922, shall render an annual report to the State Department of Health, giving therein the names, addresses, ages, clinical conditions, and the results of treatment of all habitual users of drugs given treatment in said institutions.

Dentists.

The up-to-date dentist who employs modern technic has very slight need for morphine in practice. Cocaine is being used very sparingly by competent dentists, novacaine, procaine and similar drugs taking its place. Dentists may not undertake the care of a drug addict for the cure of addiction.

Druggists.

Please read the first two sections of this pamphlet—on registration and special blanks. The section on "Treasury and Court Decisions" is of interest to druggists, as well as some of the data on drug addicts.

Druggists may sell without prescription narcotic-bearing plasters, liniments and ointments adapted for external use only, provided they also contain other active agents which render them useless for the purpose of maintaining drug addiction. So-called "liniments" with directions for internal use as well as external employment may carry only the exempt quantities of narcotics per ounce. Care must be exercised not to sell this latter class of preparations to drug addicts.

Remedies, except as indicated in the next paragraph, which are designed for internal use and carrying not to exceed 2 grains of opium, $\frac{1}{4}$ grain of morphine, $\frac{1}{8}$ grain of heroin, 1 grain of codeine, their salts or derivatives, to one solid or fluid ounce, provided the remedy or preparation also contains other active agents which render it unfit for use in doses that would satisfy drug addiction; and also provided the prohibition laws on alcohol are not violated by the sale thereof. On and after January 1, 1922, no such exempt preparations may be sold to or for the use of any child of twelve years of age or under (in the State of Pennsylvania).

Preparations and remedies noted above include official preparations and recognized proprietary preparations properly branded and which carry only *one* narcotic agent in the per-ounce exempt quantity; but a prescription for any extempore preparations to be compounded, other than official formulae or preparations used therein, if it calls for any narcotic agent *in any quantity whatsoever*, may not be refilled; and it may not be refilled if the official preparation used therein carries more than the per-ounce exempt quantity of narcotic drug. Under the Pennsylvania law none of these preparations or remedies carrying any quantity whatsoever of a narcotic may be sold to a known drug addict; they may be dispensed only on a prescription to such person.

Every sale of any preparation or remedy carrying exempt quantities of any narcotic in any quantity whatsoever must be recorded in the store at the time of the sale, giving the name and quantity of the article sold, the signature and address of the purchaser, and the date of the sale. The record must be preserved for two years, under the Federal law.

The form of store record kept for sales of exempt preparations by retailers is as follows:

Date of sale.	Signature of purchaser.	Address.	Name of preparation.	Quantity.

This is required under Federal regulations and applies to grocery and general stores paying a tax of one dollar a year, as well as to retail drug stores.

A host of preparations are included in the above requirement of the Harrison law, as revised. Note that paregoric, Brown's mixture, Stokes' expectorant, etc., are included under this provision.

Remedies and preparations used in the cavities of the body—oral,

nasal, aural, ocular, rectal, urethral or vaginal administration—are *not* classed as used externally and are *not* exempt.

Preparations of coca leaves (except decocainized coca leaves), cocaine or other derivative thereof, any synthetic substitute for cocaine, salts thereof, or alpha or beta eucaine, in any quantity whatsoever, may not be supplied except on prescription.

Section 1, paragraphs 6 and 7, of the Harrison law, as revised, says:

"Every person who sells or offers for sale any of said drugs in the original stamped packages, as hereinafter provided, shall be deemed a wholesale dealer.

"Every person who sells or dispenses from original stamped packages, as hereinafter provided, shall be deemed a retail dealer."

Note that a retail dealer may only dispense FROM an original stamped container; he may not supply or sell such stamped packages, except, under recent ruling, where a tube of morphine tablets is legally prescribed by a practitioner the druggist may dispense such original stamped package provided he affixes a label to the tube containing the data necessary to make it a legal prescription, and so destroys and obliterates the stamp to prevent its further use. Except as above noted, the retail dealer filling a prescription must remove the narcotic from a stamped container, and the container in which the prescription is put up must bear the name and registry number of the druggist, serial number of the prescription, name and address of the patient, and name, address and registry number of the person writing the prescription.

Druggists qualified only as retail dealers may supply practitioners on order forms with aqueous solutions of narcotics to be used in legitimate office practice in a quantity not to exceed one fluid ounce at any one time. Each package containing an aqueous solution so furnished must bear a label showing the date and number of order form, the name, address and registry number of the person furnishing the order, and the name, address and registry number of the dealer filling the order.

Section 6 of the Pennsylvania law does *not* give the wholesale dealer any right to fill prescriptions at all, and if he wishes to maintain a prescription department he must also pay the tax of a retail dealer and display a separate receipt for the retail tax.

All dealers who have narcotics on hand purchased before February 24, 1919, and thus not bearing stamps, must affix a sticker to every such package stating as follows: On hand, inventory of February 25, 1919. Any unstamped drugs bearing no such sticker and not duly reported on the inventory of February 25, 1919, may be seized and declared forfeited by any Federal inspector or agent. State agents may *not* seize any such unstamped drugs, but they are authorized to notify the dealer of the Federal requirement and report non-compliance to the Federal authorities.

A druggist may not add any wording to a prescription as such; if the writer has omitted required entries, it should be returned to him for correction before it is filled. It is illegal for a practitioner to telephone a prescription to be signed by him at a future date, if said prescription incorporates a narcotic in non-exempt form. Requests by physicians, either direct or over the telephone to refill certain narcotic prescriptions may not be honored; a new prescription must be written in regular form.

Prescriptions for narcotics to be used by patients suffering from incurable disease, such as cancer, advanced tuberculosis, etc., should bear the indorsement of the attending physician to the effect that the patient has incurable disease; and if for aged and infirm addicts who have taken narcotics for years, the physician should certify that the patient, in any given case, is aged and infirm, giving the age, and that the drug is necessary to sustain life. Only the *minimum amounts to serve the purpose of sustaining life* may be prescribed or dispensed. In all such cases the physician must be in actual attendance and regulate the dosage himself. The indorsement, as above, by a physician must be in good faith and not merely to satisfy a craving for the drugs. Druggists should use discretion in filling these classes of prescriptions, for if the privileges allowed in these classes of cases are abused the druggist may be held, along with the physician, for violation of the law. It must be understood, however, that ascending doses may be necessary in cancer and other definite incurable disease, and that such administration may often be perfectly legitimate medical practice.

Narcotic prescriptions that the druggist has reason to believe were fraudulently written or obtained must not be filled. Copies of narcotic prescriptions should not be furnished to patients.

A narcotic prescription written by a veterinarian for the use of a human being, and not for an animal, may not be filled.

A narcotic prescription written by a dentist for the use of a drug addict, himself or other person, may not be filled; nor may a prescription of a physician addict, for his own use, be filled.

"The druggist who fills a prescription will show on the back thereof the signature and address of the person who secures the drug or preparation prescribed and must preserve the prescription for a period of two years from the date indicated thereon."

In making up stock pharmaceuticals, do not forget to keep the records required by the Internal Revenue Bureau.

Never fill a narcotic prescription in part only; it must be filled exactly as written.

Wastage of narcotics should be recorded at the time, giving exact details.

If narcotics are stolen from your store, notify the police immediately, as well as the collector of internal revenue in your district. Don't wait until the time of your next inventory, as you will be suspected of falsifying it. It is well to keep all narcotics in the safe or locked up.

The Pennsylvania Bureau of Drug Control has no jurisdiction in the matter of the sales of ethyl alcohol. Inquiries concerning that subject should be made of the internal revenue officials.

If prescriptions written by reputable physicians for known drug addicts are presented, please ascertain if the physician has reported the case, as he is required to do by section 8 of the Pennsylvania Anti-narcotic Act, before you fill the prescription. Such registered addicts may secure prescriptions from the physician registering them, and

from none other, except when in the absence of the attending physician he has made arrangements for another physician to attend to his practice. Minute reductions in dosage do not satisfy the requirements of the law as regards the treatment of an addict. Reduction must be definite. It is well to mark all such prescriptions "Registered Addict." Please read "Special Notice" on next page.

Continued sales of paregoric to the same person are unlawful in Pennsylvania. None may be sold to or for the use of children under twelve years of age. Legitimate and lawful sales should be limited to one or two ounces at a time. Grocers and others selling medicines must pay an annual tax to the Pennsylvania Board of Pharmacy, and if they contain narcotics in exempt quantities an additional tax to the Bureau of Internal Revenue.

Professional Persons Who Are Drug Addicts.

The Pennsylvania Bureau of Drug Control exercises supervision over professional persons who are drug addicts. The effort is made in a fraternal spirit to help such persons to be cured, without any publicity whatever. Do not hesitate to confess such unfortunate conditions, if an addict, for you will be met half way and helped if at all possible. The professional person who is ill and who must, on the prescription of another professional person, take narcotics for legitimate medicinal purposes is given proper consideration. But the professional person under treatment for addiction who betrays the confidence reposed in him, who will not co-operate fully in the treatment, who returns to the drug after being cured, or who is becoming a menace to his patients, as well as the confirmed addict whose restoration to usefulness seems hopeless, will be reported to the board or bureau having jurisdiction in the case for hearing. Numerous professional persons have come under care. Some have been cured without even their friends knowing it, others are under treatment and some have lost their licenses to practice.

Violation of the narcotic laws, after conviction, subjects a professional person to a similar hearing to show cause why his license to practice should not be suspended or revoked. Several Pennsylvania physicians have thus lost their licenses to practice medicine.

SPECIAL NOTICE TO PHYSICIANS AND DRUGGISTS.

The following instructions have been received by this bureau from the Commissioner of Health:

Whereas, The Pennsylvania Antinarcotic Law rigidly interdicts the issuance of narcotic drugs in any quantity whatsoever to a known habitual user thereof except in pursuance of a prescription issued in good faith by a physician (a) for the cure or treatment of some malady other than the drug habit, or (b) for the purpose of curing such patient of such habit, and not for the purpose of satisfying a craving for the drug, and since the parallel provisions of the Federal law, as construed by the courts in numerous decisions, are to the effect that an order for morphine issued to an habitual user thereof, not in the course of professional treatment in an attempted cure of the habit, but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act;

Therefore, the so-called reductive ambulatory treatment of drug addiction, rejected by the United States internal revenue bureau, must not be accepted as fulfilling the requirements of section 8 of the Pennsylvania Antinarcotic Law.

The Bureau of Drug Control of the Pennsylvania Department of Health must see to it that in the treatment of drug addiction, as such, narcotics must not be furnished, either on dispensing or prescribing in writing, by physicians to the addict himself, but must be personally administered by the physician or be placed in the hands of a nurse or other reliable person who is not an addict and who is held personally responsible for carrying out the directions of the physician in charge. Written records must be kept of all such administration of narcotics.

Druggists filling narcotic prescriptions for the treatment of addiction, as such—but not in the treatment of disease other than addiction and in the usual medicinal dosage—will not be permitted to deliver the drugs into the hands of the addict for whom the prescription is written, but must place the drugs in the hands of the person known to the druggist as qualified to receive them under this order and as certified in writing on each such prescription or by the physician writing the same as the designated recipient thereof and such person, on the delivery to him of the drugs, must receipt for the same by signing his or her name and address on the back of each prescription.

(Signed) **EDWARD MARTIN,**
Commissioner of Health.

Recent federal regulations parallel the above in almost every particular: but there is an additional federal requirement to the effect that when an addict not otherwise diseased is placed under treatment by a physician, narcotic drugs given in the course of such attempted cure may not be administered for a period exceeding thirty days.

THE PENNSYLVANIA ANTINARCOTIC ACT

P. L. 282, (Pamph. 758) approved July 11, 1917, as amended by P. L. 98, approved April 20, 1921. Transcribed from certified copies of the two acts, giving the law in its present form without duplication of the sections amended. Additions made by P. L. 98 are printed in italics. Title is of latter act.

AN ACT

To amend an act, approved the eleventh day of July, one thousand nine hundred seventeen (Pamphlet Laws, seven hundred and fifty-eight), entitled "An act for the protection of the public health by regulating the possession, control, dealing in, giving away, delivery, dispensing, administering, prescribing, and use of certain drugs, and keeping records thereof; by regulating the use of drugs in the treatment of the drug habit; by providing for the revocation and suspension of licenses of physicians, dentists, veterinarians, pharmacists, druggists, and registered nurses for certain causes, and by providing for the enforcement of this act and penalties"; regulating the age of users of drugs; providing for an annual report by public institutions; and giving certain powers to inspectors in the Bureau of Drug Control.

Public health.

"Drug" Defined.

Section 1. Be it enacted, &c., That, except as limited in section two of this act, the word "drug," as used in this act, shall be construed to include—(a) opium; or (b) coca leaves; or (c) any compound or derivative of opium or coca leaves; or (d) any substance or preparation containing opium or coca leaves; or (e) any substance or preparation containing any compound or derivative of opium or coca leaves.

Not included as a drug.

Section 2. The word "drug" shall not be construed to include—(1) preparations and remedies and compounds which do not contain more than two grains of opium, or more than one-fourth of a grain of morphine, or more than one-eighth of a grain of heroin, or more than one grain of codeine, or any salt or derivative of any of them, in one fluid ounce, if the same is liquid; or, if a solid or semi-solid, in one avoirdupois ounce; (2) liniments, ointments, or other preparations, prepared and dispensed in good faith for external use only; providing such liniments, ointments, and preparations do not contain cocaine or any of its salts, or alpha or beta eucaine or any of their salts, or any synthetic substitute for cocaine or eucaine or their salts; (3) decocainized coca leaves, or preparations made therefrom, or other preparations of coca leaves which do not contain cocaine.

Proviso.

Provided, however, That no preparations, remedies, or compounds containing any opium, or coca leaves, or any compounds or derivative thereof, in any quantity whatsoever, may be sold, dispensed, distributed,

or given away to, or for the use of, any known habitual user of drugs *or any child of twelve years of age or under*, except in pursuance of a prescription of a duly licensed physician or dentist.

Children.

Section 3. The word "person," as used in this act, shall be construed to include an individual, a copartnership, a corporation, or an association. Masculine words include the feminine or neuter. The singular includes the plural. The word "prescription" shall be construed to designate a written order, by a duly licensed physician, dentist, or veterinarian, calling for a drug, or for any substance or preparation containing a drug.

Person defined.

Gender and number.

"Prescription" defined.

Section 4. No person shall have in his possession or under his control, or deal in, dispense, sell, deliver, distribute, prescribe, traffic in, or give away, any of said drugs. This section does not apply, in the regular course of their business, profession, employment, occupation, or duties, to—(a) manufacturers of drugs; (b) persons engaged in the wholesale drug trade; (c) importers or exporters of drugs; (d) registered pharmacists actually engaged as retail druggists; (e) bona fide owners of pharmacies or drug stores; (f) licensed physicians; (g) licensed dentists; (h) licensed veterinarians; (i) persons in the employ of the United States, or of this Commonwealth, or of any county, municipality, or township of this Commonwealth, and having such drugs in their possession by reason of their official duties; (j) warehousemen, or common carriers, engaged, bona fide, in handling or transporting drugs; (k) persons regularly in charge of drugs in dispensaries, hospitals, asylums, sanatoriums, poorhouses, jails, penitentiaries, or public institutions; (l) nurses under the supervision of a physician; (m) persons in charge of a laboratory where such drugs are used for the purpose of medical or scientific research only; (n) captains, or proper officers, of ships upon which no regular physician is employed, for the actual medical needs of the officers and crew of their own ships only; (o) persons having said drugs in their possession for their own personal use only, provided that they have obtained the same in good faith, for their own use, from a duly licensed physician or dentist, or in pursuance of a prescription given them by a duly licensed physician or dentist; (p) persons having said drugs in their possession for the use of an animal belonging to them, provided that they have obtained the same in good faith, from a duly licensed veterinarian, for the use of such animal, or in pursuance of a prescription given by a duly licensed veterinarian; (q) persons in the bona fide employ of any of the persons above enumerated.

Ownership, sale, etc.

To whom section does not apply.

Administration
of drugs.

Section 5. No person shall use, take, or administer to his person, or cause to be administered to his person, or administer to any other person, or cause to be administered to any other person, any of the aforesaid drugs, except under the advice and direction, and with the consent, of a regularly practicing and duly licensed physician or dentist.

Exceptions.

Section 6. No manufacturer, producer, importer, exporter or person engaged in the wholesale drug trade, and regularly selling drugs, shall sell, dispense, distribute, or give away, any of said drugs, except to—(a) a duly licensed physician; (b) a duly licensed pharmacist; (c) a duly licensed dentist; (d) a duly licensed veterinarian; (e) a manufacturer of drugs; (f) a person engaged in the wholesale drug trade and regularly selling drugs; (g) an exporter of drugs; (h) a bona fide hospital, dispensary, asylum, or sanatorium; (i) a public institution; (j) a bona fide owner of a pharmacy or drug store; (k) a person in a foreign country; (l) a person in charge of a laboratory where such drugs are used for the purpose of scientific and medical research only; (m) the captain, or proper officer, of a ship upon which no regular physician is employed, for the actual medical needs of the officers and crew of such ship only; (n) a person in the employ of the United States, of this Commonwealth, or of any county, municipality, or township thereof, purchasing or receiving the same in his official capacity.

Written order.

No manufacturer, producer, importer, or person engaged in the wholesale drug trade, and regularly selling drugs, shall sell, dispense, distribute, or give away any of said drugs, except in pursuance of a written order signed by the person to whom such drug is sold, dispensed, distributed, or given. Such order shall be preserved for a period of two years, in such a way that it will be readily accessible to inspection by the proper authorities.

Who may obtain
drugs.

Section 7. No registered pharmacist, or bona fide owner of a pharmacy or drug store, regularly engaged in the sale of drugs at retail, shall sell, dispense, distribute, or give away any of said drugs, except to—(a) another registered pharmacist or bona fide owner of a pharmacy or drug store; (b) a duly licensed physician; (c) a duly licensed dentist; (d) a duly licensed veterinarian; (e) a bona fide hospital, dispensary, asylum, sanatorium, or public institution; (f) an individual, in pursuance of a written prescription issued by a physician, dentist, or veterinarian, which prescription shall be dated as of the day on which signed, and shall be signed by the physician, dentist, or veterinarian who issued the same; (g) a person in charge of a laboratory where such drugs are used for the purpose of medical or scientific research only; (h) the captain, or proper

officer, of a ship upon which no regular physician is employed, for the actual medical needs of the officers and crew of such ship only; (i) a person in the employ of the United States, or of this Commonwealth, or of any county, municipality, or township thereof, purchasing or receiving the same in his official capacity.

No registered pharmacist, or bona fide owner of a pharmacy or drug store, regularly engaged in the sale of drugs at retail, shall sell, dispense, distribute, or give away any of said drugs, except in pursuance of a written order signed by the person to whom such drugs are sold, dispensed, distributed, or given. Such order shall be preserved, for a period of two years, in such a way that it will be readily accessible to inspection by the proper authorities. When such drugs are sold, dispensed, distributed, or given to an individual, in pursuance of a prescription, such prescription shall be regarded as the written order herein required, and no further written order shall be necessary.

Written order.
To be preserved
two years.

Section 8. No physician or dentist shall sell, dispense, administer, distribute, give, or prescribe any of said drugs to any person known to such physician or dentist to be an habitual user of any said drugs, unless said drug is prescribed, administered, dispensed, or given for the cure or treatment of some malady other than the drug habit: Provided, however, That, if any physician desires to undertake, in good faith, the cure of the habit of taking or using opium or any of its derivatives in any form, such physician may prescribe or dispense opium or its derivatives to a patient, provided such opium or its derivatives are prescribed or dispensed in good faith for the purpose of curing such patient of such habit, and not merely for the purpose of satisfying a craving for the drug. In every such case the physician shall himself make a physical examination of the patient, and shall report, in writing, to the State Department of Health, the name and address of such patient, together with his diagnosis of the case and the amount and nature of the drug prescribed or dispensed in the first treatment. When the patient leaves his care, such physician shall report, in writing, to the State Department of Health the result of his said treatment.

Sale etc., to habitual users.

Proviso.

Reports to Health Department.

Cures undertaken in good faith.

Any person divulging any information contained in any such report, except for the purpose of enforcing this act, or to a physician who may, in the opinion of the chief of the board of health or of the Commissioner of Health, be entitled to such information for the purpose of enabling him to comply with the provisions of this act, shall be sentenced to pay a fine not exceeding one thousand dollars, or to undergo an imprisonment not exceeding one year, or both, in the discretion of the court.

Divulging information in report.

Penalty.

Person or animal
to be examined.

Section 9. No physician, dentist, or veterinarian shall administer, dispense, give away, deliver, or prescribe any of said drugs, except after a physical examination of the person or animal for whom said drugs are intended; said examination to be made at the time said prescription is issued, or at the time said drug is administered, dispensed, given away, or delivered by said physician, dentist, or veterinarian. No veterinarian shall sell, dispense, distribute, give, or prescribe any drug for the use of a human being.

Record to be kept.

Section 10. Every physician, dentist, and veterinarian shall keep a record of all said drugs administered, dispensed, or distributed by him, showing the amount administered, dispensed, or distributed, the date, the name and address of the patient; and, in the case of a veterinarian, the name and address of the owner of the animal to whom such drugs are dispensed or distributed; such record shall be kept for two years from the date of administering, dispensing, or distributing such drug, and shall be open for inspection by the proper authorities. No record need be kept of any drug administered in an emergency case.

Treatment in
hospitals.

Section 11. This act shall not be construed to apply to the treatment of habitual users of drugs in public hospitals, sanatoriums, poorhouses, prisons, or public institutions, *except that all such public institutions shall render an annual report to the State Department of Health, giving therein the names, addresses, ages, clinical conditions, and the results of treatment of all habitual users of drugs given treatment in said institutions.*

Report.

Violation.

Section 12. Any person who shall violate, or fail to comply with, any of the provisions of this act, except as provided in the last paragraph of section eight, shall be guilty of a misdemeanor; and, upon conviction, shall be sentenced to pay a fine not exceeding two thousand dollars, or to undergo an imprisonment not exceeding five years, or both, at the discretion of the court. If the violation is by a corporation, copartnership, or association, the officers and directors of such corporation, or the members of such copartnership or association, their agents and employes, with guilty knowledge of the fact, shall be deemed guilty of a violation of the provisions of this act to the same extent as though said violation were committed by them personally.

Misdemeanor.

Penalty.

Guilty knowledge.

Burden upon de-
fendant.

Section 13. In any prosecution under this act it shall not be necessary to negative any of the exemptions of this act in any complaint, information, or indictment. The burden of proving any exemption under this act shall be upon the defendant.

Revocation of li-
cense.

Section 14. Any license heretofore issued to any physician, dentist, veterinarian, pharmacist, druggist,

or registered nurse may be either revoked or suspended by the proper officers or boards having power to issue licenses to any of the foregoing, upon proof that the licensee is addicted to the use of any of said drugs, after giving such licensee reasonable notice and opportunity to be heard.

When licensee is
addicted to drugs

Section 15. Whenever any physician, dentist, veterinarian, pharmacist, druggist, or registered nurse is convicted, in a court having jurisdiction, of any violation of this act, the license of such physician, dentist, veterinarian, pharmacist, druggist, or registered nurse may be revoked or suspended by the proper officers or boards having power to issue licenses to any of the foregoing classes, after giving such licensee reasonable notice and opportunity to be heard.

Conviction.

The term "license," as used in sections fourteen and fifteen of this act, shall be construed to include all licenses heretofore issued to any physician, dentist, veterinarian, pharmacist, druggist, or registered nurse, whether said license was issued by the officers or boards at present having power to issue the same, or whether granted under previous authority.

License defined.

The term "officers or boards," as used in sections fourteen and fifteen of this act, shall be construed to designate such officers or boards as have power to issue licenses to physicians, dentists, veterinarians, pharmacists, druggists, or registered nurses at the time the power to revoke or suspend the license is exercised.

"Officers
boards" or
defined.

Section 16. The provisions of this act shall be enforced by the Department of Health of the Commonwealth of Pennsylvania; and for that purpose the Commissioner of Health is hereby authorized to establish, in the Department of Health, a bureau or division for such purpose, and to employ such assistants, stenographers, inspectors clerks and other employees as, in his opinion, may be necessary and to fix their compensation. For the purpose of enforcing the provisions of this act, the Commissioner of Health and his assistants, either in said bureau or division or any other bureau or division of his department, shall have the right to examine, at any time, any or all of the records required by this act to be kept; and the Commissioner of Health may further require persons dealing in, buying, selling, handling, or giving away drugs to make such reports to him, or to the bureau aforesaid, as he may deem necessary or advisable. This section shall not be construed to exclude the other duly constituted authorities in this Commonwealth from enforcing the provisions of this act.

Examination of
records and re-
ports.

The Commissioner of Health shall appoint, subject to the approval of the Governor in each instance, inspectors in said bureau, who shall be authorized and

Inspectors.

Arrests
warrant. without

empowered to make arrests, without warrant, for all violations of this act by any person or persons who are not taxed as legal dealers in opium, et cetera, by the Government of the United States.

When Effective.

Section 17. This act, except such part of section one of this act which applies specifically to children of the age of twelve years and under, shall be enforced immediately after the approval of this act, and the clause herein excepted shall be in effect from and after the first day of January, one thousand nine hundred and twenty-two.

House Bill 1286, Session of 1921.

The Habit Act of Pennsylvania, as amended.

Section 1. Be it enacted &c., That from and after the passage of this act, it shall be lawful for any person so habitually addicted to the use of alcoholic drink, absinthe, opium, morphine, chloral, or other intoxicating liquor or drug, as to be a proper subject for restraint, care, and treatment in a hospital or asylum, for at least two persons, being the wife, husband, parent, child, children, or next friends of such person, to apply by petition to the court of quarter sessions of the proper county, setting forth the facts, upon oath, and requesting the commitment of such person to a proper hospital or asylum, for restraint, care, and treatment: and such petition shall be accompanied by the affidavit of at least two physicians, based on examination by them of the alleged drunkard, setting forth the condition of such person, and stating that, in their opinion, restraint, care, and treatment in a hospital or asylum will be a benefit to such person. Whereupon the said court shall issue a warrant to have brought into court, on a day certain, the petition both physicians, and the alleged drunkard: and a hearing shall then be had, and, if the facts set forth in the petition and affidavits are proved to the satisfaction of the court, it shall be the duty of the court to commit such alleged drunkard to a proper hospital or asylum, for restraint, care, and treatment, until, upon further hearing, the said court shall be satisfied that such restraint, care and treatment are no longer beneficial to the person committed as aforesaid: Provided, That such restraint shall not be continued in any case for a period of more than one year; And provided, That no person shall be committed under the provisions of this act, or be admitted into any hospital or asylum, until payment has been made, or security has been given to the managers of the hospital or asylum, satisfactory to them, to pay the proper charges for board, care, and treatment of the alleged drunkard, and also to indemnify the said managers from all costs and expense; *But if at such hearing the court finds that the inebriate is indigent, and that the wife, husband or parent is unable to pay the cost and expense of the restraint, care, and treatment in the hospital or asylum, it shall so certify in the order committing the inebriate; whereupon the cost and expense of restraint, care, and treatment of said indigent inebriate shall be borne and paid by the county from which the inebriate is committed, and any overhead charges shall be paid by the state when the inebriate is committed to a public state institution.* And provided, That all commitments under this act shall be reviewable by proceedings under writ of habeas corpus, which may be sued out at any time by any person restrained hereby, or by any one acting for or on behalf of such person.

Approved—The 28th day of May, A. D. 1907.

(Signed) Edwin S. Stuart.

(Amendment) signed by Governor Sproul. May 20, 1921





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